



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134
615 741-2693

LICENSING PROCEDURES FOR SURPLUS LINES AGENTS

Requirements for a Resident Surplus Lines Agent

- (1) Applicant must hold a current Property and Casualty license in Tennessee
- (2) Completed, signed and notarized application
- (3) \$60.00 filing fee
- (4) Note: All Surplus Lines Agent licenses will expire annually on December 31

Requirements for a Nonresident Surplus Lines Agent

- (1) Applicant must hold a nonresident Property and Casualty license in Tennessee
- (2) Completed, signed and notarized application
- (3) \$60.00 filing fee (plus any retaliatory fee)
- (4) Note: All Surplus Lines Agent licenses will expire annually on December 31

Certification

To request a certification letter, the following is required:

- (1) Full Name
- (2) License Number
- (3) Social Security Number
- (4) Return Envelope
- (5) \$7.00 Fee per Certification

Duplicate License

The commissioner may issue a duplicate license for any lost, stolen or destroyed license upon receipt of an affidavit of the licensee, concerning the facts of such loss, theft or destruction.

Fees

- (1) Application Filing Fee - \$60.00
- (2) Surplus Lines Agent Renewal Fee - \$60.00
- (3) Certification Fee - \$7.00

Request for Forms

Forms may be found on our website: www.tn.gov/commerce/insurance or send self addressed postage paid

Envelope with request to:

Tennessee Department of Commerce and Insurance
Agent Licensing Section
500 James Robertson Parkway
Nashville, TN 37243-1134

NOTE: BY DEPARTMENTAL REQUEST, PLEASE ENCLOSE MONEY ORDER, CERTIFIED CHECK OR CASHIERS CHECK FOR LICENSING FEES.



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INDIVIDUAL SURPLUS LINES AGENT APPLICATION

Please print or type

____ Resident (\$60.00 Application Fee Required)

____ Nonresident (\$60.00 Application Fee Required plus any Retaliatory Fee)

- Identify Home State _____
- Identify Home State License # _____

1. NAME _____
Last First Middle Initial

2. SOCIAL SECURITY # _____ DATE OF BIRTH _____

3. RESIDENT ADDRESS _____
(Physical Street-not a P. O. Box)

City State Zip Code

4. BUSINESS ADDRESS _____

City State Zip Code

5. PHONE NUMBERS _____
Home Business

I hereby certify that I hold a valid property and casualty insurance producer license from The Tennessee Department of Commerce and Insurance.

My Insurance Producer License Number is _____.

Witness my signature on this _____ day of _____ 20____

Signature of Applicant

Subscribed and sworn to before me

this _____ day of _____, 20____

Notary Public

My commission expires _____

